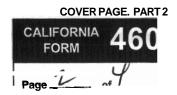
RecipientGommittee CampaignStatement				Date Stamp CALIFORNIA			
Cover Page (Government Code Sections 84200-84216.5)			RECEIV		ORM TOO		
(COVERNMENT COME OCCUPY OF 200 OF 210.0)	Statement covers period	Date of election if applicable: (Month, Day. Year)	MISJAN 3I A	H 9:4 Page	of		
SEE INSTRUCTIONS ON REVERSE	through _12/31/01_		CITY CLE CITY <b>OF</b> L				
1. Type of Recipient Committee: All Committees Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		!			
Slate Candidate ElectionCommittee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)  Primarily FormedCandidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement  Semi-annual Statement Termination Statement (Also file a Form410 T Amendment (Explain b	errnination)	Quarterly Stat special Odd-\ Supplementa Statement -At	Year Report		
STREET ADDRESS (NO P.O. BOX)  1311 / ), I VALLE  CITY  CA OS 2	ODE AREA CODE/PHONE 249 249 314-0370	CITY  NAME OF ASSISTANT TREAS	STATE URER. IF ANY	ZIP CODE	AREA CODEIPHONE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS					
CITY STATE ZIP C	ODE AREA CODEIPHONE	CITY	STATE	ZIP CODE	AREA CODEIPHONE		
OPTIONAL: FAX I E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DRESS				
4. Verification I have used all reasonabled(ligence Inpreparing and reviewir under penalty of perjury under the laws of the State of Californ  Executed on  Executed on  Executed on  Executed on  Executed on	ia that the foregoing is true and correct.  By	Signature of Treasurer or Assistant or Assistant of Treasurer or Assistant or Assis	t Treasurer reponent or Responsible Officer State Measure Proponent		e and complete. I certify		
Date	Uy	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		EDDC Form 460 / January/05)		

## RecipientCommittee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled	d Committee	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	_	NAME OF	BALLOTMEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	the contract of the contract o	BALLOTN	NO. OR LETTER JURISDICT	11	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS APPRESS (NO. AND STR			the controlling officeholder, ca		pmponent. if any.	
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
		OFFICE S	SOUGHT OR HELD	DISTRICT NO	. IF ANY	
COMMITTEE NAME	i.D. NUMBER					
NAME OF TREASURER	CONTROLLEDÇOMM(TTEE?		rily Formed Candidate/Offi			
COMMITTEEADDRESS STREETADDRESS		NAME OF	FOFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
ÇITY SIAIE	AREA CODE PHONE	NAME OF	OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
COMMITTEE NAME	I.D. NUMBER	NAME OF	OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLEDCOMMITTEE?	NAME OF	OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ OPPOSE	
COMMITTEEADDRESS STREET ADDRESS	(NOP.O. BOX)					
ÇITY SIAIE	ZIPCODE AREA CODE/PHONE		Attach continua	tion sheets if necessary		

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

State ment covers period from 1/1/07 CALIFORNIA 460

through Page 3 of 4

SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  O M M ITTER: TO FUTCH AND  Contributions Received  1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE  S O S O S	alendar Year Summary for Candidates unning in Both the State Primary and ieneral Elections  111 through 6130 7/1 to Date  0. Contributions Received \$ 1. Expenditures Made \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4  Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTALCASHPAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$ 250. \$ 250. \$ 250.07	ixpenditure Limit Summary for State andidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	56117.11 	To calculate ColumnB, add amounts In ColumnA lother corresponding amounts from ColumnB of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2,7, and 9 (if any).	Amounts in this section may be different from amounts eported in ColumnB.
18. Cash Equivalents	\$ \$	auy).	FPPC Form 460 <b>(January/0</b> 5 FPPC <b>Toil-Free Helpline: 866/ASK-FPPC (<i>886/2</i>75-377</b> 2

## Schedule E Payments Made

Type or print in Ink.

Amounts may be rounded to whole dollars.

Statement covers period FOR through Page

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

70112 0744

CODES:	If one of the following codes accuratel	y describes the payment,	you may enter the code.	Otherwise, describe the payment.
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CMP campaign paraphemalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

MTG meetings and appearances

OFC office expenses

RFD returned contributions

SAL campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel. lodging, and meals
FND fundraising events POL polling and survey research TRS staff/spouse travel. lodging. and meals

independent expenditure supporting/opposing others (explain)^ POS postage. delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

r campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NAMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CAROLYN SOHNION (B); CA	725	250.